## OUTPATIENT SERVICES

**1.** In the past proposals, under Urine Collection, Non-Instrument Device Testing (NIDT) was a required service. Since this current proposal does not have this project code listed, can we assume that this urine collection procedure is not longer required?

**The ND/CA Probation and Pretrial Services Offices have chosen to only use Project Codes, 1010, 1012, and 1504 for drug/alcohol testing methods. In all cases, the offerer is only required to respond to the Project Codes listed in Section B of their RFP.**

**2.** In Section C under **Random Urine Specimen Collection Procedures(i)(4),** since this is new, please provide additional information regarding the "automated phone based notification system for random urine collection."

**Although the description may appear different, the automated phone based notification system is essentially a "code-a-phone" type program, in which clients will call a pre-determined number that is set up for the purpose of providing information as to when a client has to test. This system should be changed daily and provide the clients with no more than 24 hours notice of the next testing date.**

**3.** In Section C under **Substance Abuse Intake Assessment and Report (2011),** will the vendor be able to choose which structured diagnostic instrument they wish to use?

**Yes, provided that it meets the criteria of subsection 4(a), which states:**

**A comprehensive diagnostic interview for each defendant/offender, to include a structured diagnostic instrument such as the Substance Abuse Subtle Screening Inventory (SASSI), Addiction Severity Index (ASI), or Structured Clinical Interview for DSM-Substance Abuse Disorder Module (SCID-IV).**

**4.** In Section C under **Substance Abuse Intake Assessment and Report (2011)**, in the last paragraph of subsection **4(b)(6),** it appears that the sentence was cut off. What is the complete sentence?

**The correct wording of this paragraph is as follows:**

**The comprehensive diagnostic interview report shall not be a synopsis and/or overview of the presentence report, pretrial services report or any other institutional progress reports provided by the USPO/USPSO to the vendor for background information.**

**5.** In Section C, under **Cognitive Behavioral Interventions 5.(1)(2)(3),** do counselors need to be both degreed AND certified/credentialed to engage in substance abuse treatment intervention? If a staff is a licensed therapist do they also need to be CADAC certified?

**This question is being forwarded to our Administrative Officer (AO) for further clarification. A response is forthcoming.**

**6.** The expectation that the provider offer a "Manualized Cognitive Behavioral Group" (2022), raises multiple questions and seems likely to create some difficulties. One problem area relates to the Training and Certification requirement. There are a limited number of such evidence based programs in existence. Some have infrequent trainings; many have expensive and lengthy trainings in distant locations or charge many thousands dollars to travel to the provider to do training. While there are values in program fidelity, the burden on the provider - especially given the anticipated number of referrals to these programs seems extreme. The trainings for some programs appear to be available only to government agencies.

**There are companies that offer manualized cognitive behavior products and training with minimal cost and time. Thinking for a Change, and The Change Company are a couple of examples of lower cost training programs that meet the criteria for manualized group material. The cost for implementing this service should be factored into the offerer's proposed rate.**

**7.** Some manualized programs require "closed" groups, meaning that new referrals cannot enter the group until the full multi week cycle is complete. How will this be handled?

**In the event that a group is considered "closed" the provider should confer with the referring probation/pretrial officer to discuss other options in the interim. However, there are manualized programs that are fluid and accommodate new referrals.**

**8.** Some manualized programs required twice weekly attendance? How will this be handled?

**Again, each manualized program offers different features, it is encouraged that the vendor select a program which is the most flexible and efficient to carry out the intended purpose which is to address the criminogenic needs of federal defendants and offenders.**

**9.** What will be the criteria used to decide whether to direct referrals to either the clinical (2021) or manualized(2022) group?

**The referring officer will determine which group is most appropriate for the client, based on the client's background, and determination of risk/needs. Additionally, the officer will be encouraged to confer with the provider for input as to the most efficient and effective mode of treatment.**

**10.** Is the focus of the manualized group (2022) and the parallel clinical group (2021) seen as addressing criminal behaviors and "criminogenic needs" issues specifically or as focused more on substance abuse issues?

**Project code 2021 focuses more on "pro-social thinking"**
**Project code 2022 focuses more on patterns of criminal thinking.**
**Both of these groups should tie in the relation to ones social behavior and thinking with decision making around substance abuse and recovery.**

**11.** In Section C under **Physical Examination and Laboratory Studies**, the "**Lab Studies and Report"(4020)**, is identified as "at actual price", but on Section B it is identified as priced per test. Which is it?

**The actual price should be the cost per test. In other words the government will only pay the price of the actual test.**

**12.** Project code 2011 estimates only 1 monthly intake and assessment report for year 2010, and two each for years 2011, and 2012. It seems there will be several intakes per month and don't each need an 2011 intake and report?

**Often times a new federal referral will be accompanied by sufficient information to proceed with the an actual treatment program. In cases, where there is no background information available the referring officer is encouraged to request the vendor to provide a 2011 Intake and Assessment Report. For other cases, the referring officer is likely to request project code 2010 - individual counseling, to further assess the client's treatment needs.**

**13.** Please describe the Wage Determination process, what exactly do we attach to the RFP?

**The Wage Determination document is required to accompany any procurement that includes lab technician duties, such as urine collection. This document provides the offerer with an established rate of pay for a urine collection position in the county where the position is held. Labor laws require that such employees be paid the established minimum wage for the position, and the government is required to advise potential vendors of this requirement. There are no documents returned with the RFP concerning this requirement.**

**14.** Do you provide a breathalyser?

**No. Please review Section C Breathalyzer (1504) (a):**

**15.** Please talk in more detail about the expectations and customary practices regarding the administration of psychotropic medications. Are the facilities expected to have and administer medications, or is it done by a psychiatrist or medical doctor?

**Medication administration and monitoring must be done by a licensed psychiatrist or medical doctor. If the vendor has an onsite practitioner and the facility meets the State licensing and dispensing requirements, such services can be done on the premises. However, most often these services are outsourced to a separate qualified location.**